

CHIP FY 2008-09 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS

You must fill out a new application each school year.

One application per household

IF YOU RETURN A DIRECT CERTIFICATION LETTER FOR FOOD STAMPS, TAFI, OR FDPIR TO YOUR CHILD'S SCHOOL, YOU DO NOT NEED TO FILL OUT THIS APPLICATION.

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. WIC participants may be eligible for free or reduced price meals. Please call the following number if you need any help:

1. STUDENT INFORMATION – Please Print			2. List the FOOD STAMP , TAFI , or FDPIR case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not acceptable.	
STUDENTS NAME	GRADE	NAME OF SCHOOL	FOOD STAMP CASE NO. IF APPLICABLE	TAFI/FDPIR CASE NO. IF APPLICABLE
1				
2				
3				
4				
5				
6				

3. FOSTER CHILD: ☐ Check box if applying for a foster child. **Complete a separate application for each foster child. List the child's monthly personal use income.** Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ _____

4. HOUSEHOLD MEMBERS AND INCOME: List the names of everyone in your household and gross income they receive except children listed above (unless income earned.) If household member listed below has no income, you must check the NO INCOME box.

NAME	NO INCOME	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income	
		How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								

5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If on Food Stamps or TAFI, a Social Security number is not required. Just sign in this box.

X _____
Signature of Adult Household Member

Printed Name of Above Signature

Mailing Address

City _____ State _____ Zip _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Social Security Number

☐ I do not have a Social Security number.

Home Phone No. _____ Work Phone No. _____

Date Signed

6. RACE/ETHNIC IDENTITY - OPTIONAL

Mark one or more racial identities:

- ☐ ASIAN
☐ WHITE
☐ BLACK OR AFRICAN AMERICAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ OTHER

Mark one ethnic identity:

- ☐ HISPANIC OR LATINO
☐ NON HISPANIC OR LATINO

7. OTHER BENEFITS – You do not have to complete this section to get free or reduced-priced school meals.

STOP and check here () if your child(ren) or youth are uninsured and you want to learn more about the state children's health insurance program (CHIP). Healthy children and youth learn better!

There is a state children's health insurance (CHIP) – for children/youth up to 19 years old – that offers free or low cost health coverage. Working families may be eligible for this program depending on their monthly income. If you check the above box, Idaho 2-1-1 Careline will send you information and an application for CHIP.

Dear Parent/Guardian:

Your School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. If you need help please call:

INCOME CHART			
Effective July 1, 2008 to June 30, 2009			
Household Size	Annual	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional member add	+6,660	+555	+129

Instructions: Sections #6 Race and # 7 CHIP insurance are optional.

STUDENTS WHO ARE FOSTER CHILDREN MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school (each Foster child needs a separate application)
- #3 – Child's personal income
- #5 – Adult signature, printed name, date, address and phone number

STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school
- #2 – Case number for each child (EBT or quest card # not allowed)
- #5 – Adult signature, printed name, date, address and phone number

ALL OTHER STUDENTS MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school
- #4 – All household members and gross income by person
- #5 – Adult signature, printed name, date, address and phone number, and social security number of adult signer

PLEASE NOTE:

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA child nutrition meals.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla español.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

USDA is an equal opportunity provider and employer.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12		DENIED:	
<input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD		<input type="checkbox"/> Income Over Allowed Amount	
<input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____		<input type="checkbox"/> Incomplete/Missing	
Household size: _____		<input type="checkbox"/> Other	
TEMPORARY APPROVAL FOR:	APPLICATION APPROVED FOR:	VERIFICATION RESULTS:	
<input type="checkbox"/> Free Meals, expires _____	<input type="checkbox"/> Free Meals	<input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free	
<input type="checkbox"/> Reduced-Price Meals, expires _____	<input type="checkbox"/> Reduced-Price Meals	<input type="checkbox"/> Ineligible (Reason) _____	
<input type="checkbox"/> WITHDRAWAL DATE _____		Signature of confirming Official _____	
Signature of Determining Official: X		Signature of Verifying Official: X	Date
Date Signed:	Date Notice Sent:	Date 1st Notification Sent:	Date 2 nd Notification Sent: